



Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: HARRY HAMMOCK

Date: 02-13-15 Time: 8:35 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-11-15 Time: 3:15 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 1HRS FROM REPORT

Estimated Volume of Wastewater Discharged (gallons): 2GALS WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. N/A Location of the Overflow or Bypass: 2120 CEDAR RD

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

VILLAGE SEWER LINE WAS BLOCKED HAD SEWER CLEANED AND MAIN DRAINED. ROOTS CLEAN ON FOLLOW UP SERVICE.

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: _____ Time: _____ AM PM _____ End Date: _____ Time: _____ AM PM _____ Amount of Rainfall (inches) _____ Amount of Snow Melt (inches) _____

Contributing Soil Conditions (saturated, frozen, soil type) _____

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: _____
- ☐ Storm Sewer: Name of surface water it drains to: _____
- ☐ Surface water direct discharge: _____
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): TOLIETS BACKED UP
- ☐ Other, describe: _____

Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

VILLAGE CLEANED AND ROOT CUT MAIN . TV SEWER MAIN FOR ANY FURTHER REPAIRS THAT MAY BE NEEDED

Report Completed By

Contact Person: HARRY HAMMOCK

Street Address: 2020 CHESTNUT RD

PO Box: _____

City: HOMEWOOD State: IL

Zip Code: 60430 Phone: 708-206-2910

County: COOK

Authorized Representative Contact Information

Contact Person: SAME

Title: UTILITY SUPERVISOR

Street Address: _____

PO Box: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

County: _____

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Authorized Representative Name (Print)

HARRY HAMMOCK

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

2/13/15



Illinois Environmental Protection Agency

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD	Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: HARRY HAMMOCK
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Date: 02-13-15	Time: 8:35	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	IEPA Office Contacted: DES PLAINES	Name of IEPA Employee Contacted: ALAN ANDERSON
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Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-11-15	Time: 11:00	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Duration of the overflow or bypass (hours and minutes): 2HRS FROM REPORT
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Estimated Volume of Wastewater Discharged (gallons): 2GALS	WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. N/A	Location of the Overflow or Bypass: 1634 BURR OAK RD
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Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

<input type="checkbox"/> Rain	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Other (explain below)
<input type="checkbox"/> Snow Melt	<input type="checkbox"/> Broken Sewer	<input type="checkbox"/> Widespread Flooding	

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

RESIDENT SEWER LINE WAS BLOCKED ADVISED TO CALL PLUMBER TO CLEAN SERVICE LINE

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)

Contributing Soil Conditions (saturated, frozen, soil type)

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: _____
- ☐ Storm Sewer: Name of surface water it drains to: _____
- ☐ Surface water direct discharge: _____
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): _____
- ☐ Other, describe: _____

Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

Advised Resident to clean service more freq- Due to
TREE ROOT IN SERVICE

Report Completed By

Contact Person: HARRY HAMMOCK
Street Address: 2020 CHESTNUT RD
PO Box: _____
City: HOMEWOOD State: IL
Zip Code: 60430 Phone: 708-206-2910
County: COOK

Authorized Representative Contact Information

Contact Person: SAME
Title: UTILITY SUPERVISOR
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
County: _____

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Authorized Representative Name (Print)

HARRY HAMMOCK

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

2/13/15



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24 Hour Notification Information

Permittee (Municipality or Facility Name): Village of Homewood	Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: HARRY HAMMOCK
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Date: 02-04-15	Time: 4:00	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	IEPA Office Contacted: DES PLAINES	Name of IEPA Employee Contacted: ALAN ANDERSON
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Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 02-03-15	Time: 11:00	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Duration of the overflow or bypass (hours and minutes): 2 HOURS FROM START OF REPORT
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Estimated Volume of
Wastewater
Discharged
(gallons):
5 GALLONS

WWTP Flow During bypass (report in
MGD): Not applicable for a collection
system SSO.
N/A

Location of the Overflow or Bypass:
18853 CARSON DR.

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

- ☐ Rain ☐ Power Outage ☒ Equipment Failure ☒ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

VILLAGE MAIN SEWER LINE BACKED UP AND RESIDENT HAD THEIR SUMP PUMP CONECTED TO THE SEWER LINE
THE CHECK VALVE FAILED ALLOWING SEWAGE BACK INTO SUMP PIT. PUMP WAS RECYCLING WATER. VILLAGE
SHOT SEWER AND CLEANED

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: _____ Time: _____ AM PM _____ End Date: _____ Time: _____ AM PM _____ Amount of Rainfall (inches) _____ Amount of Snow Melt (inches) _____

Contributing Soil Conditions (saturated, frozen, soil type) _____

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

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- ☐ Other, describe: _____

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VILLAGE CLEANED SEWER. RESIDENT REPAIRED CHECK VALVE AND SUMP PUMP AND SUMP CONNECTIONS WAS DISSCUSSED WITH RESIDENT

Report Completed By

Contact Person: HARRY HAMMOCK
Street Address: 2020 CHESTNUT RD
PO Box: _____
City: HOMEWOOD State: IL
Zip Code: 60430 Phone: 708-206-2910
County: COOK

Authorized Representative Contact Information


Contact Person: SAME
Title: UTILITY SUPERVISOR
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
County: _____

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Authorized Representative Name (Print)

Title

HARRY HAMMOCKUTILITY SUPERVISOR


Authorized Representative Signature

2/24/15
Date



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24 Hour Notification Information

Permittee (Municipality or Facility Name):
Village of Homewood

Permit Number:
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:
HARRY HAMMOCK

Date: 01-06-15 Time: 9:30 AM ☒ PM ☐ IEPA Office Contacted:
DES PLAINES

Name of IEPA Employee Contacted:
ALAN ANDERSON

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 01-06-15 Time: 8:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):

Estimated Volume of
Wastewater
Discharged
(gallons):

WWTP Flow During bypass (report in
MGD): Not applicable for a collection
system SSO.

Location of the Overflow or Bypass:
18809 KINGS RD.

100

N/A

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

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THE VILLAGE SEWER MAIN WAS CLEAR POSSABLE TREE ROOTS IN RESIDENTS SERVICE LINE

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: _____ Time: _____ AM PM _____ End Date: _____ Time: _____ AM PM _____ Amount of Rainfall (inches) _____ Amount of Snow Melt (inches) _____

Contributing Soil Conditions (saturated, frozen, soil type) _____

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

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- ☐ Surface water direct discharge: _____
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1
- ☐ Other, describe: _____

Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses

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RESIDENT CALLED LOCAL PLUMBER

Report Completed By

Contact Person: Harry hammock
Street Address: 2020 Chestnut rd.
PO Box: _____
City: Homewood State: IL
Zip Code: 60430 Phone: 708-206-2910
County: Cook

Authorized Representative Contact Information

Contact Person: Same
Title: _____
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
County: _____

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Authorized Representative Name (Print)

Title

Harry Hammock

Utility Supervisor


Authorized Representative Signature

1-13-15
Date